

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

October 16, 2007

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of buffalo Wild Wings, 1328 'P' Street and 7301 South 27th Street requesting that Jeremy Boyer be approved as the manager of the two class I liquor licenses.

Background information on the applicant is as follows:

Jeremy Boyer was born in Norfolk, Nebraska. He attended Enterprise High School graduating in 1999.

Mr. Boyer served in the United States Armed Forces 2000 – 2004 receiving an honorable discharge.

Jeremy Boyer employment history is as follows:

2005 - Present	Manager, Buffalo Wild Wings	Lincoln, NE.
2005	Manager, Millard Sprinkler	Lincoln, NE.

A criminal history has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency





LINCOLN POLICE DEPARTMENT PUBLIC RECORD CRIMINAL HISTORY

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "****END OF LISTING****" does not appear at the bottom of this report, then this list is not complete.

FOR: JEREMY DEAN BOYER , Male, DOB:

Date of listing: 10-12-2007 .

CODES FOR CRIMINAL HISTORY (M)=Misdemeanor (F)=Felony (O)=Other

Cited on 09-10-2004	for (M)STEAL MONEY OR GOODS LESS THAN \$300	Case A4-100852
Disposed 11-22-2004	as (M)STEAL MONEY OR GOODS LESS THAN \$300	Cit# LA934104
FOUND GUILTY Fined \$100.00		
Cited on 08-05-2004	for (M)HAVE OPEN ALCOHOL CONTAINER	Case A4-086485
Disposed 11-01-2004	as (M)HAVE OPEN ALCOHOL CONTAINER	Cit# LA927788
FOUND GUILTY Fined \$50.00		

*** END OF LISTING ***

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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OCT - 9 2007

NEBRASKA LIQUOR
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

jc

Corporation/LLC information

Name of Corporation/LLC: Bruno Enterprises Too

Premise information

Premise License Number: 70175

Premise Trade Name/DBA: Buffalo Wild Wings

Premise Street Address: 7301 S 27th St

City: Lincoln State: NE Zip Code: 68512

Premise Phone Number: 402-328-2999

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)



0700018053

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Boyer First Name: Jeremy MI: D

Home Address (include PO Box if applicable): 1640 S.W. Jordan St.

City: Lincoln State: NE Zip Code: 68522

Home Phone Number: 402-477-8477 Business Phone Number: 402-560-1857

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: Boyer First Name: Angela MI: C

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE		YEAR FROM TO	CITY & STATE		YEAR FROM TO
Lincoln, NE		2004 Present	Lincoln, NE		2004 Present
Framont, NE		2000 2004	Omaha, NE		1983 2004
Ames, NE		1988 2000			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2005 Present	Bruno Enterprises	Teresa Stacy	219-363-9431
2007 2007	Smith Barney / Citi Group	Ernie Weyneth	304-1174

APPLICANT

SPOUSE

Manager and spouse must review and answer the questions below

PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☒ YES ☐ NO If yes, please explain below or attach a separate page.

Driving Under Suspension - many - Jeremy
Theft - Fremont 6-98 - Jeremy
Theft - Lincoln 10-04 - Jeremy
open container - Lincoln 11-04 - Jeremy

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES ☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES ☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES ☐ NO

PRINTS ENCLOSED

PERSONAL OATH AND CONSENT OF INVESTIGATION

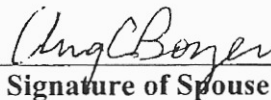
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.



Signature of Manager Applicant



Signature of Spouse

State of Nebraska

County of

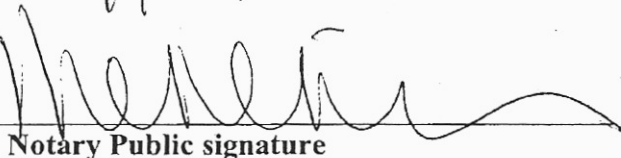
Lancaster

County of

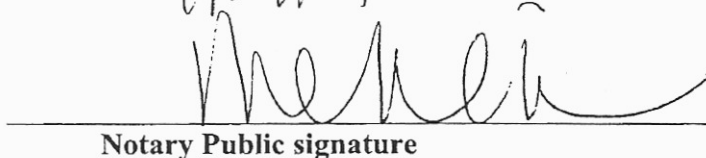
Lancaster

The foregoing instrument was acknowledged before me this 9/27/07 by

The foregoing instrument was acknowledged before me this 9/27/07 by

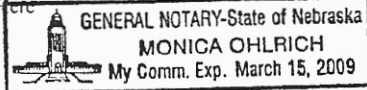


Notary Public signature

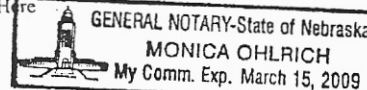


Notary Public signature

Affix Seal Here



Affix Seal Here



**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Name of Corporation/LLC: Bruno Enterprises Too

Premise License Number: _____

Premise Trade Name/DBA: Buffalo Wild Wings


Premise Street Address: 7301 S 27th St

City: Lincoln

State: NE

Zip Code: 68

Premise Phone Number: 402-328-2999


CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

RECEIVED

NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

OCT - 9 2007

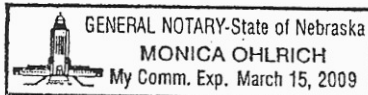
NEBRASKA LIQUOR
CONTROL COMMISSION

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. The undersigned individual will also be waived of filing fingerprint cards, however, will be required to disclose any violation(s) on all applications and sign all necessary documents.

Ang Boyer

Signature of Spouse Asking to be Waived

SUBSCRIBED in my presence and sworn to before me this 27th day
of September, 2007.



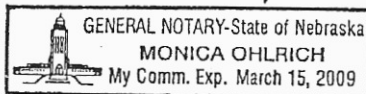
Monica Ohlrich
Signature of Notary Public

The applying individual, whose spouse is requesting to be waived, understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

Ang Boyer
*Signature of applying individual
(spouse of individual listed above)

Jeremy Boyer
Print name of applying individual

SUBSCRIBED in my presence and sworn to before me this 27th day
of September, 2007.



Monica Ohlrich
Signature of Notary Public

*spouse of individual listed above is the individual required to sign bottom portion of affidavit

FORM 35-4178
REV 9/05

(spouse of individual listed above)

**MANAGER APPLICATION
INSERT - FORM 3c**

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301 CENTENNIAL MALL SOUTH
PO BOX 95046
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Office Use

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**NEBRASKA LIQUOR
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- 5) Must be 21 years of age or older
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Corporation/LLC information

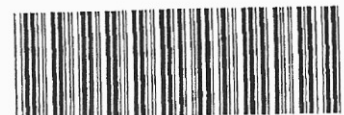
Name of Corporation/LLC: Bruno Enterprises Too

Premise information

Premise License Number: 70176
Premise Trade Name/DBA: Buffalo Wild Wings
Premise Street Address: 1328 "P" St.
City: Lincoln State: NE Zip Code: 68508
Premise Phone Number: 402-475-2999

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)



0700018054

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

Manager's information must be completed below. PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Boyer First Name: Jeremy MI: D

Home Address (include PO Box if applicable): 1640 SW Jordan St

City: Lincoln State: NE Zip Code: 68522

Home Phone Number: 402-477-8477 Business Phone Number: 402-560-1857

Social Security Number: - Drivers License Number & State: -----711

Date Of Birth: - Place Of Birth: -

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

Spouses Last Name: Boyer First Name: Angela MI: C

Social Security Number: - Drivers License Number & State: -

Date Of Birth: - Place Of Birth: -

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE		YEAR FROM TO	CITY & STATE		YEAR FROM TO
Lincoln, NE		2004 Present	Lincoln, NE		2004 Present
Fremont, NE		2000 2004	Omaha, NE		1983 2004
Ames, NE		1988 2000			

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☒ YES

☐ NO

If yes, please explain below or attach a separate page.

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Theft - Fremont - 6-98 - Jeremy

Theft - Lincoln - 10-04 - Jeremy

Open Container - Lincoln - 11-04 - Jeremy

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☐ YES

☒ NO

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☒ YES

☐ NO

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☒ YES

☐ NO

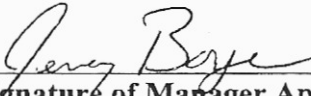
PRINTS ENCLOSED

PERSONAL OATH AND CONSENT OF INVESTIGATION

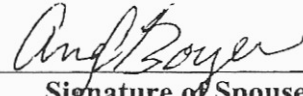
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Signature of Manager Applicant



Signature of Spouse

State of Nebraska

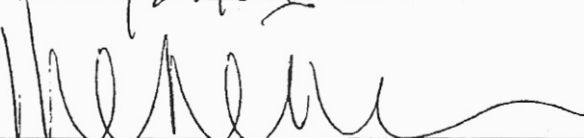
County of

Lanaster

County of

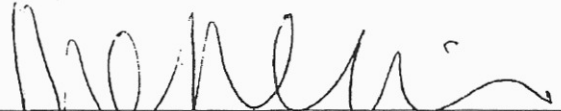
Lanaster

The foregoing instrument was acknowledged before
me this 9/22/07 by



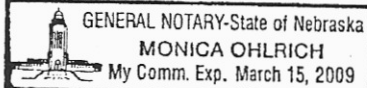
Notary Public signature

The foregoing instrument was acknowledged before
me this 9/22/07 by

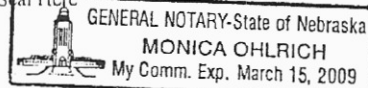


Notary Public signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

Revised 5/2007

Affix Seal Here

Affix Seal Here

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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Office Use

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Premise License Number: _____

Premise Trade Name/DBA: Buffalo Wild WingsPremise Street Address: 1328 "P" St.City: LincolnState: NE

Zip Code: _____

Premise Phone Number: 402-475-2999


CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

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NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

OCT - 9 2007

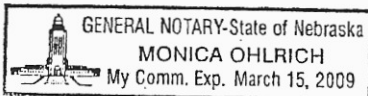
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CONTROL COMMISSION

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Amy Boyer

Signature of Spouse Asking to be Waived

SUBSCRIBED in my presence and sworn to before me this 27th day
of September, 2007.



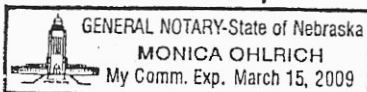
Monica Ohlrich
Signature of Notary Public

The applying individual, whose spouse is requesting to be waived, understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

Amy Boyer
*Signature of applying individual
(spouse of individual listed above)

Jeremy Boyer
Print name of applying individual

SUBSCRIBED in my presence and sworn to before me this 27th day
of September, 2007.



Monica Ohlrich
Signature of Notary Public

*spouse of individual listed above is the individual required to sign bottom portion of affidavit

FORM 35-4178
REV 9/05